



**CONSISTENCY DETERMINATION
SUBMITTAL PROCEDURES
AND APPLICATION
P-16**

Development Services

Planning Division

1635 Faraday Avenue

(760) 602-4610

www.carlsbadca.gov

What you need to give us:

- Application form **(signed by the owner(s) of the property unless applicant has sufficient legal interest in the property.)**
- Fee (See current fee schedule for cost)
- Detailed written description of the proposed revision(s)
- Two (2) sets of your site plan **folded to 8 ½ x 11**
- Revised site plans and/or elevations and floor plans
- Exhibits/plans/tables, which provide a comparable analysis of the existing project and proposed revised project

WHEN and WHERE to submit:

Your application may be submitted at the Planning Division counter at 1635 Faraday Avenue, from 7:30 a.m. to 4:30 p.m. Monday through Thursday or 8:00 a.m. to 4:00 p.m. on Friday.

HOW your application is processed:

After a submittal is made, the project planner and project engineer will be assigned the project.

Written responses to your submittal will be mailed following the Planning and Land Development Engineering review (and other divisions/departments as applicable) and should be received by you within thirty days after the review date. Please keep in mind that additional information may be requested in order to make a consistency determination and project issues of concern.

Upon approval of a Consistency Determination, the City Planner will request the project applicant to submit two (2) blue-line copies (24"x36") of all Consistency Determination exhibits to be stamped "Consistency Determination." Also, you may need to provide the City with a reproducible 24"x36" mylar copy of an amended Site Plan which must be stamped "Consistency Determination" to obtain the City Planner's signature.

Please review [Policy 35](#) (attached) to determine if your project qualifies for a Consistency Determination.

CITY OF CARLSBAD APPLICATION FORM FOR CONSISTENCY DETERMINATION APPLICATION

CITY USE ONLY**Project Number:**

PROJECT NAME: _____

Assessor's Parcel Number(s):

Description of proposal (add attachment if necessary):

Would you like to orally present your proposal to your assigned staff planner/engineer? Yes ☐ No ☐

Please list the staff members you have previously spoken to regarding this project. If none, please so state.

OWNER NAME (Print):

MAILING ADDRESS:

CITY, STATE, ZIP:

TELEPHONE:

EMAIL ADDRESS:

***Owner's signature indicates permission to conduct a preliminary review for a development proposal.**

IN THE PROCESS OF REVIEWING THIS APPLICATION IT MAY BE NECESSARY FOR MEMBERS OF CITY STAFF TO INSPECT AND ENTER THE PROPERTY THAT IS THE SUBJECT OF THIS APPLICATION. I/WE CONSENT TO ENTRY FOR THIS PURPOSE. I CERTIFY THAT I AM THE LEGAL OWNER AND THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ DATE _____

APPLICANT NAME (Print):

MAILING ADDRESS:

CITY, STATE, ZIP:

TELEPHONE: _____

EMAIL ADDRESS: _____

I CERTIFY THAT I AM THE LEGAL REPRESENTATIVE OF THE OWNER AND THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ DATE _____

APPLICANT'S REPRESENTATIVE (Print):

MAILING ADDRESS:

CITY, STATE, ZIP:

TELEPHONE: _____

EMAIL ADDRESS: _____

I CERTIFY THAT I AM THE LEGAL REPRESENTATIVE OF THE APPLICANT AND THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

FEE REQUIRED/DATE FEE PAID:

RECEIVED BY: _____